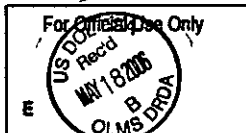


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>25666</b>	2. Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2005</b> Through <b>12</b> / <b>31</b> / <b>2005</b>
3 Name and address of person filing Name <b>Michael</b> <b>P</b> <b>Watts</b> P O Box Bldg Room No if any Street <b>130 Salada Avenue</b> City <b>Pacific</b> State <b>California</b> ZIP Code + 4 <b>94044</b>	4 Name, file number and address of labor organization Name <b>Operative Plasterers' &amp; Shophands Local 66</b> Labor Organization File Number <b>043143</b> P O Box Building and Room Number if any Street <b>150 Executive Park Blvd Ste 1200</b> City <b>San Francisco</b> State <b>California</b> ZIP Code + 4 <b>94134</b>
5 Position in labor organization <b>Sergeant at Arms</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b. Amount.

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

**5/11/2006**

Date

**(415) 584-6419**

Telephone Number

Name of Person Filing Michael Watts	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Operative Plasterers Local Union#66 JATTF Trade Name if any P O Box Bldg Room No if any Street 132 Starlite Street City South San Francisco State California ZIP Code + 4 94080	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box, Bldg Room No. if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> The Trust Fund named in Item 8 provides apprenticeship training for members of Local 66 Pursuant to the collective bargaining agreements in order to pay for such training employers contributed \$ 52 cents per hour for each hour worked by employees <b>11 b Approximate dollar value of such dealing.</b> \$201 350 <b>12 a Nature of interest held or income received</b> I am an apprenticeship Instructor and received wages from the Trust Fund for teaching apprenticeship classes Amount of wages received \$13 342 <b>12 b Amount.</b> \$13 342

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment.</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment.</b>

**Form LM-30**  
**Labor Organization And**  
**Employee Report**

Name of Person Filing Michael Watts

12a The amount listed in 12b is expenses for meals, beverages, taxis, tips for bellmen and maids and parking at the Hawaii statewide Plasterers and Cement Masons Apprenticeship Competition I attended in Honolulu, Hawaii

12b 1050 00

12a The amount listed in 12b is expenses for meals, beverages, taxis, tips for bellmen and maids and parking at the California Statewide Plasterers and Cement Masons Apprenticeship Competition I attended on August 16-21 2005 in Long Beach, California

12b 900 00